ORM D U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D RECEIVED NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION DAN 2006 SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMP

OMB APPROVAL OMB NUMBER: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per response . . 16.00

SEC USE ONLY								
Prefix	}	Serial						
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	1	§						

		-			
Name of Offering (check if this is an a	mendment and name h	as changed, and in	dicate change.)		11011
The Bolton Asset Management M	Managed Futures	: Fley Program	JJC	12	47457
					, , , , , , , , , , , , , , , , , , , ,
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing	Amendment				
		A. BASIC IDEN	TIFICATION DATA		
1. Enter the information requested about the	ne issuer				
Name of Issuer (check if this is an ame	indment and name has	changed, and indic	ate change.)		
The Bolton Asset Management I	Managed Futures	Flex Program	LLC		
Address of Executive Offices			(Number an	d Street, City, State, Zip Code)	Telephone Number
	•				(Including Area Code)
c/o Dundee Leeds Management Se	ervices Ltd., 129 F	Front Street, Ha	milton HM12, Ber	muda	+1(441) 294-8617
Address of Principal Business Operations	<u> </u>		(Number an	d Street, City, State, Zip Code)	Telephone Number
(if different from Executive Offices)				ROCECCE	(Including Area Code)
			•	. GOLOGED	L
775 Ridge Lake Blvd., Suite 100,	Memphis, TN 38	120	\cap	BANI A O OCC-	(901) 766-4450
Brief Description of Business				3AN 1 3 2006	
			\sim	THORSE	
0 11 7 11 151 16			()	ENISON	
Commodity Trading Platform			` `	MANCIAL	
Type of Business Organization	_				
corporation		hip, already formed		her (please specify):	
business trust	limited partners	hip, to be formed	Limit	ed Liability Company	
		Month Yea			
Actual or Estimated Date of Incorporation	or Organization:	[1 1] $[0 5]$		Actual I	Estimated
Jurisdiction of Incorporation or Organizati	on: (Enter two-letter U	S. Postal Service a	bbreviation for State:	[D][E]	
	CN for C	Canada; FN for othe	r foreign jurisdiction)		

GENERAL INSTRUCTIONS

Federal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			A. BASIC IDEN	ITIFICATION DATA		
2.	Enter the informat	ion requested for the f	following:			
	Each prom	oter of the issuer, if the	ine issuer has been organized wit	hin the past five years;		
	• Each bene	ficial owner having th	e power to vote or dispose, or di	irect the vote or disposition of, 10	% or more of a class of	equity securities of the issuer;
	• Each exec	utive officer and direc	tor of corporate issuers and of co	orporate general and managing pa	rtners of partnership iss	uers; and
	• Each gene	ral and managing part	ner of partnership issuers.			
Check F	Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Member
Full Nai	me (Last name first, if	individual)			<u></u>	
Boltor	n Asset Manageme	ent, LLC				
Busines	s or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			
775 R	idge Lake Boulev	ard, Suite 100, M	emphis, Tennessee 38120)		
Check E	Box(es) that Apply:	Promoter	Beneficial Owner	Principal	Director	General and/or Managing Partner
Full Nar	me (Last name first, if	individual)				
Firtik,	Gregory					
Busines	ss or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			

Principal

Director

General and/or
Managing Partner

Nelson, Stephen W.

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Beneficial Owner

775 Ridge Lake Boulevard, Suite 100, Memphis, Tennessee 38120

B. INFORMATION ABOUT OFFERING	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No
. Answer also in Appendix, Column 2, if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	*\$250,000
*Minimum may be waived by the Directors at their sole discretion.	., .,
3. Does the offering permit joint ownership of a single unit?	Yes No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	
Full Name (Last name first, if individual)	
Bolton Financial Services, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
775 Ridge Lake Blvd, Suite 100, Memphis TN 38120 Name of Associated Broker or Dealer	
Name of Associated Broker of Dealer	
Same States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States) [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	All States
Full Name (Last name first, if individual)	
•	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	All States
` [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND) [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)	

*	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEED	S
.1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	₹	\$
	Equity	\$ \$	\$ \$
	Common Preferred	Ψ	Ψ
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Limited Liability Company Interests*	\$ <u>100,000,000</u>	\$
	Total*	\$100,000,000	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors	N/A	\$ <u>N/A</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T. (
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	30041117	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ 0
	Printing and Engraving Costs		\$ 0
	Legal Fees		\$ 200,000
	Accounting Fees	⊠	\$ 15,000
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Miscellaneous (blue, sky fees, duplicating, courier, etc.)	⊠	\$ 10,0000
	Total	🛛	\$ 225,000

	C OFFERING PRICE NUMBER OF	F INVESTORS, EXPENSES AND USE O	F PROCEEDS	
5.	b. Enter the difference between the aggregate offer Question 1 and total expenses furnished in respons is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross probe used for each of the purposes shown. If the amount estimate and check the box to the left of the estimust equal the adjusted gross proceeds to the issue 4.b above.	ring price given in response to Part C - e to Part C - Question 4.a. This difference coceeds to the issuer used or proposed to ount for any purpose is not known, furnish mate. The total of the payments listed	TROCEEDS	*\$ <u>99,775,000</u>
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		\$	□ \$
	Purchase of real estate		□ \$	\$
	Purchase, rental or leasing and installation of mach	ninery and equipment	\$	□ \$
	Construction or leasing of plant buildings and facil	lities	□ \$	□ \$
	Acquisition of other businesses (including the value that may be used in exchange for the assets or secumerger)	rities of another issuer pursuant to a	\$	□\$
	Repayment of indebtedness		□ \$	□ \$
	Working capital		□\$	□\$
	Other (specify): to be used as described in Issuer's Memorandum		□ \$	□\$
	Column Totals Total Payments Listed (column totals added)		□ \$ □ \$ ⊠ <u>\$9</u>	
	D. F	EDERAL SIGNATURE		
follov	ssuer has duly caused this notice to be signed by the ring signature constitutes an undertaking by the issuer to fits staff, the information furnished by the issuer to	uer to furnish to the U.S. Securities and E	xchange Commis	ssion, upon written
Issuer (Print or Type) Sig	mature	Date	
	Bolton Asset Management Managed Futures Program LLC	Hat V. Con A.	12/	130/05
Name (of Signer (Print or Type) Tit	le of Signer (Print or Type)		"""

* See asterisked comment on p.4.

Robert V. Cornish, Jr.

Officer of the Managing Member

ATTENTION

Intentional misstatements or omissions of act constitute federal criminal violations. (See 18 U.S.C. 1001.)

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E. STATE SIGNATURE

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) The Bolton Asset Management Managed Futures Flex Program LLC	Signature I	Date , - (35/05
Name (Print or Type)	Title (Print or Type)	
Robert V. Cornish, Jr.	Officer of the Managing Member	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.